

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185348</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/13/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROWNSBORO HILLS NURSING HOME</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2141 SYCAMORE AVENUE</b> <b>LOUISVILLE, KY 40206</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>An abbreviated survey for KY# 19042 and KY# 19043 was initiated on 09/12/12 and concluded on 09/13/12.</p> <p>KY# 19042 was found to be unsubstantiated with no regulatory violations.</p> <p>KY# 19043 had four different sub-categories with two (2) categories unsubstantiated and two (2) categories substantiated. (Staffing and dressed improperly). Non-compliance was found in F241, F279, F353, and F441; however, the facility was already out of compliance in these areas during the survey. Therefore, a new statement of deficiencies will not be issued.</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.